

Pharmacy NewsCapsule

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Medication Aides

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The following article reviews Wisconsin nursing home medication aide requirements and provides additional information regarding these provisions. The article is intended to cover the majority of concerns regarding medication aide requirements. Please contact Doug Englebert at (608) 266-5388 if you wish to address unique or unusual circumstances you encounter when applying these provisions.

Nursing homes continue to have questions about Wisconsin's medication aide training, qualifications, supervision and registration requirements, as an increasing number medication aides are being utilized in Wisconsin nursing homes. Section HFS 132.60 (5)(d), Wis. Adm. Code, addresses who can administer medications in a nursing home. The Administrative Code also created the medication aide title and permits individuals who successfully complete a department-approved medication course to administer medications.

Individuals eligible to take medication aide courses are nurse aides who meet the following requirements:

- ✓ Are current on the Wisconsin nurse aide registry;
- ✓ Have at least 2000 hours experience in direct patient care within the last three years;
- ✓ Have worked a minimum of 40 hours within the last 90 days with the residents with whom the student will be administering medications;
- ✓ Have received a written recommendation from the director of nursing and the administrator of the facility in which the student will be working during the training program's clinical rotation; and
- ✓ Must be recommended, in writing, by two licensed charge nurses who will supervise the medication aide when administering medications.

Nonlicensed individuals who administer medication in Wisconsin nursing homes must be current on the Wisconsin Nurse Aide Registry, as medication administration is typically a nursing task. These nurse aide requirements were addressed in detail in the Bureau of Quality Assurance (BQA) memo 01-021 found on the BQA website at: http://dhfs.wisconsin.gov/rl_DSL/Publications/01021.htm.

These are the minimum requirements to take a medication aide training program. Individual, approved programs may require additional qualifications for nurse aides before they can take the course. For example, basic math and English proficiency are prerequisites that may need to be met.

Some training programs, in order to fill a specific course, may allow non-nurse aide participants into the course. In these cases, the student typically will not complete the clinical rotation portion of the medication aide program; will not be placed on the Wisconsin Nurse Aide Registry as a medication aide; and, therefore, will not be eligible to administer medications in a Wisconsin nursing home unless they were a licensed person taking the course as a refresher.

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Medication Errors

Doug Englebert , Pharmacy Practice Consultant

In previous newsletters, sound-alike, look-alike medication concerns and interventions have been discussed, including drug name testing.

Even with interventions, medications like Lexiva, a medication for HIV infection, and Levitra, a medication for erectile dysfunction, have similar names. These two medications can easily sound the same; when written can look the same; and can be used by the same people. Even though there are safeguards to avoid having look-alike and sound-alike medications released, they still occur. In this case, the doses of the medications are significantly different and confusing the medications should not occur. However, another way to help assure look-alike and sound-alike medication errors do not occur is to include the reason the medication is being used when the prescription order is written. When this is done correctly it creates another checkpoint to verify that the medication is correct.

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New Drugs

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Brand Name	Generic Name	Use
Cialis	Tadalafil	For erectile dysfunction
Elestat	Epinastine	Eye drop for allergic conjunctivitis
Lexiva	Fosamprenavir	For HIV Infection
Namenda	Memantine	See Focus Drug of Month
Plenaxis	Abarelix	For Advanced prostate CA
Raptiva	Efalizumab	For moderate to severe psoriasis
Dispermox	Amoxicillin	Dissolving antibiotic tablet
Estrasorb	Estradiol	Topical emulsion for menopausal hot flashes
Kemstro	Baclofen	Dissolving tablet for spasticity
Panixine DisperDose	Cephalexin	Dissolving antibiotic tablet
Risperdal Consta	Risperidone	Injectable antipsychotic. See Consultant Corner

If you look critically at the new medications in the list above, there are quite a few that are not really new medications but, instead, are new formulations. In this example, there are amoxicillin, cephalexin and baclofen in dispersible tablets. The amoxicillin and cephalexin products allow children who cannot or will not take tablets or capsules to have an alternative to the liquid suspensions that are normally used. In the case of baclofen, the dispersible product allows easier administration to an individual who may have significant spasticity and has difficulty swallowing tablets.

This phenomenon of new dosage forms will continue, often to increase compliance and ease of use of the medications. In other cases, these products are simply more expensive and profitable for drug manufacturers.

Efforts are made to assure the accuracy of the information contained in this newsletter but accuracy cannot be guaranteed.

The content in this newsletter is intended to be used as an informational tool by the State of Wisconsin Department of Health and Family Services Bureau of Quality Assurance Survey Staff and is not intended as a directive to providers regarding care for patients or residents. Please report any errors or comments to engleda@dhfs.state.wi.us.

Focus Drug of the Month

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Namenda™; memantine

In January 2004 people with Alzheimer's disease will have a new medication available for use: Namenda™. Namenda™, or memantine, was recently approved to treat moderate to severe Alzheimer's disease. Like the other medications for Alzheimer's, Namenda™ is not a cure for Alzheimer's. Instead, Namenda™ delays progression of the dementia associated with Alzheimer's.

Namenda™ has been shown to be effective at 20 mg per day. Individuals should be started at 5 mg per day and titrated up slowly in 5 mg intervals until they reach 20 mg. The recommended titration is 5mg increases every 7 days at a minimum. Titration packs will be made available to assist in this process. Those individuals who have renal impairment should have their dose adjusted down, as recommended by the manufacturer.

Namenda™ can be taken or given with or without food. The currently known, frequent adverse effects of the medication include anorexia, frequent urination, dizziness, and syncope. Other side effects may become known as more individuals use this medication.

Studies with drug-drug interactions have been limited. However, since urine PH can affect the excretion of Namenda™, medications that affect urine PH may affect excretion. In addition to medications, food and disease conditions may affect urine PH. As the PH increases,

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Currently approved medication aide courses for nursing homes are at least 100 hours in length. Sixty percent of the course typically involves lecture, lab, quizzes and tests. The remaining forty percent of the course involves a clinical rotation at a nursing home. A registered nurse (RN) and the instructor for the course supervise the clinical rotation. The instructor will visit the facility two to three times to complete skill evaluations in coordination with the registered nurse preceptor.

Nurse aides who successfully complete an approved medication aide program are designated as a medication aide on the nurse aide registry. This can be verified by calling the nurse aide registry at 1-877-224-0235. Please listen to the entire message for a specific aide. If you are confirming a medication aide's status on the registry and they are not on it, but the facility and/or aide insist they are a medication aide, please ask the facility or aide for the certificate of program completion. In addition, you may call me to verify original paperwork, as occasionally some medication aides, for various reasons, have not been added to the registry.

Medication aides are taught a basic group of medications and medication administration techniques. What medication aides are allowed to do in a given nursing home, however, is determined by the registered nurse who delegates tasks to them. The registered nurse is required to follow the delegation regulations according to the Nurse Practice Act, N6 of the Wisconsin Administrative Code.

The amount of supervision that the medication aide requires is dependent on nurse delegation principles. Those principles include consideration of the resident who is receiving the medication, and consideration of the medication aide who will be administering medications. For example, if the medication aide is well trained and experienced, giving a medication to a stable, healthy resident may require less supervision than an inexperienced medication aide giving medications to an unstable new resident. Many nursing homes with stable residents will have medication aides work second shift with supervision from a Licensed Practical Nurse, which may be acceptable. In other facilities, frequent resident admissions or changes may require RN supervision of an inexperienced medication aide.

In addition to the nurse aides who take an approved medication aide course, there are other ways nurse aides may become a Wisconsin medication aide. In some cases nurse aides may be enrolled in a nursing program or a graduate of a nurse program, but are not licensed; they may be allowed to administer medications in a nursing home. These individuals are sometimes referred to as "nurse technicians." In general, these individuals can administer medications in nursing homes if they have received medication training in their nursing program, and they are currently enrolled or have recently graduated. Please refer to BQA memo 01-055 for details related to these individuals, found on BQA website at: http://dhfs.wisconsin.gov/rl_dsl/NHs/NH01055.htm.

Nurse aides may also transfer from other states where they were a medication aide previously. In these cases the nurse aide may be able to test out of the course by completing an exam. Anyone who wishes to transfer medication aide training from another state, should be referred to the Internet at: http://dhfs.wisconsin.gov/rl_DSL/NHs/MedAides.htm

For more information about Wisconsin Nursing Home medication aides please visit: http://dhfs.wisconsin.gov/rl_DSL/NHs/MedAides.htm

Namenda™ may accumulate, increasing the risk of side effects. Since many interactions are unknown, any suspected interaction or adverse effect should be reported to the Food and Drug Administration at www.FDA.gov.

Exactly how this medication actually will be used is unknown. In some cases people may take both Namenda™ and other Alzheimer's medications like Aricept™, Exelon™, and Reminyl™. In other cases, Namenda™ may be tried by itself or individuals may decide not to use the medication at all. Since none of the current Alzheimer's medications cure dementia and simply delay progression, many ethical and personal considerations factor into an individual's decision to take medication. Patients and family members should be fully informed so they can consider options in their specific situations.

Antipsychotic Update

In September 2003 the Federal Drug Administration (FDA), in a letter to the manufacturers, requested the makers of Zyprexa, Abilify, Geodon, Risperdal, Seroquel and Clozaril to update the package insert information to include a warning about the risk of diabetes while taking these products. The FDA's proposed warning recommend that patients taking these products should receive glucose monitoring.

At this point this warning is voluntary. However, if more information becomes available regarding the diabetes risk of these medications, it is expected that the warnings will become mandatory.

If there are medications you would like featured in this column, please send an email to Doug at engleda@dhfs.state.wi.us

Consultant's Corner

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This section will appear in each issue and will contain information that will answer your questions. If there is a topic about which you want more detailed information, please drop me an email at engleda@dhfs.state.wi.us and I'll research the topic.

1. In response to the BQA memo on insulin, some nursing homes want to indicate on the Medication Administration Record (MAR) that the rapid acting insulin should be administered 15 minutes before a meal and avoid indicating a medication administration time, like 6 a.m. Can they do this?

First and foremost, medications need to be administered in accordance with physician orders. When physician orders indicate a specific time for medications to be administered, they should be administered at that time. In the case of rapid acting insulin, physicians may indicate a specific time because that is when they think the meals are served. If this were the situation and the facility meal times for that given resident varies, it would be appropriate to clarify the orders and remove specific times from the order and MAR. In these cases it may be best for the order to indicate that the rapid acting insulin were administered before meals. The MAR would not list specific times, but would, instead, list something like breakfast, lunch and dinner. In the end, the MAR and physician order should match each other. MARs may contain additional information based on the manufacturer's recommendations such as "administer 15 minutes prior to meal."

2. For Home Health Agencies there is a requirement to maintain a current medication list. What does current mean?

A current medication list includes medications the patient is taking at that time. In some cases with as-needed medications, the patient may not have taken a medication for a week or two, but intends to or anticipates that they will take the medication again. Therefore, these medications should also be on the medication list. In other cases, patients may have been taking medications in the recent past that they no longer intend to take and these should not be maintained on the list. The best way to obtain this information is through assessment and interview of the patient. The patient can also provide lists from their pharmacies to assist home health agencies and other healthcare providers.

3. What is Risperdal® Consta™?

On October 29, 2003 the Food and Drug Administration (FDA) approved Risperdal® Consta™, which is an antipsychotic medication for treating schizophrenia. Risperdal® Consta™ is a long acting injectable form of risperidone. The injection is administered intramuscularly into the gluteal muscle once every two weeks. If the patient has never received risperdal, the manufacturer's information indicates they should receive oral medication first until stabilized before switching to Risperdal® Consta™. During the switch to Risperdal® Consta™ the guidelines indicate oral administration of the medication should continue for 3 weeks.

This medication comes with specific instructions on how to prepare it. Risperdal® Consta™ must be diluted with the provided diluent and should be used immediately. If it is not used immediately, it must be used within 6 hours and may require reconstitution.

This medication most likely will not be used in the elderly with dementia. Typically, elderly treated for psychosis related to dementia are maintained on 1.5 mg of Risperdal® or less. Based on this, the conversion to the injectable form does not appear to be equivalent.

References are available upon request.